

FILED APR 23 1953

STANDARD CERTIFICATE OF DEATH

State File No. 16167

BIRTH NO. _____

REG. DIST. NO. _____

318

PRIMARY REG. DIST. NO. _____

1003

Registrar's No. _____

3778

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis TOWN 2049	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If rural, give location) 4 5926 West Park	
3. NAME OF DECEASED a. (First) Adele (Type or Print)		b. (Middle) Santambrogio c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) April 9, 1953			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec. 8, 1884
9. AGE (In years last birthday) 68	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Italy	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Petro			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Ambrose Santambrogio		ADDRESS 5926 West Park	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerotic Cardia. years. Vascular disease. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Right Breast 7.7. years. Diabetes mellitus	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		170X	
22. I hereby certify that I attended the deceased from April 7, 1953 , to April 8, 1953 , that I last saw the deceased alive on April 8, 1953 , and that death occurred at 1056 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Charles Montani M.D.		23b. ADDRESS 5147 Daggett Ave.	
23c. DATE SIGNED 4-9-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-11-53	
24c. NAME OF CEMETERY OR CREMATORY Resurrection		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. APR 10 1953		25. FUNERAL DIRECTOR'S SIGNATURE Paul C. Calcaterra	
25. FUNERAL DIRECTOR'S ADDRESS 5140 Daggett Ave.			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed

John S. Demme
Licensed Embalmer No. *4199*
P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.